

(1) NORMAL WORK HOURS

(2) PRIVATE VEHICLE LICENSE NUMBER(3) MILEAGE RATE CLAIMED[illegible]

(13)	SUBTOTALS	283.35	0.00	0.00	36.00	0.00	0.00		4.00	262.00	145.41	0.00	468.76
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL	\$468.76
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<p>(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)</p> <p>Attend CalPERS offsite and related meetings on behalf of Controller.</p> <p>Jan 22 and 24: No receipt for dinner.</p>	<p>AGENCY ACCOUNTING OFFICE USE ONLY</p> <p>PAID BY REVOLVING FUND CHECK NUMBER</p>
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(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT	DATE	(16)	MENT	DATE
	2/27/12			2-28-12

(17) SF (See Item 17 on reverse)

DATE